File with:

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

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Van	Buren

Des Meines, Iewa 50319 Fax: 515-281-4073	FOR INSTRUCTIONS, SEE E		PMZ	HICS AND SISCLUSIURE E
COMMITTEE NAME (Must be	same as on Statement of Organization)	//.	2008 JUL FORM	7 AH 10: 26
(1)Statewide/Legislative/Judge (4)County Central Committee (5)	of committee you are reporting for: 2)State PA 5)County Candidate (6)City Candidate (7)S by PAC (9)City PAC (10)School Board or O	AC (3)State Party School Board or Other Politics	DR-2 (Rev. 07/2	DISCLOSURE REPORT
CANDIDATE COMMITTEES (Candidate Name		ical Party (if applicable)	Logged In Scanned	pin
Office Sought	Dist	rict (if Senate or House)	Audited _<	
signature of Person Fil	10 8 0	, is the individual responsib 9 - 393 - 6121 TELEPHONE	le for filing timely ar	d accurate reports. S -08 ATE SIGNED
	port date)	ORT FOR (1) ELECTION Indicate by a		ON YEAR.
CHECK IF AMENDMENT TO	REPORT DATED	_		nter Date of Election
	ntion) report and attach Notice of Dissoluti of file reports until a DR-3 is filed.)	on Form DR-3.	nay.	mittees, enter County in
STATEM	ENT OF CASH ON HAND			
committee. This amo	ing of the reporting period. (Total of all ful unt MUST be the same as the cash on ha eriod or must be zero if this is first report f	nd at the end	_	13 Ø 15 0 00
ADD TOTAL MONEY	TAKEN IN THIS PERIOD		· 5/	B 1450
Schedule A: Cash Co	ontributions total (Attach Schedule A) (*als	o see in-kind below)		0000
Schedule F: Loans R	eceived total (Attach Schedule F)			
Schedule H: Total Sa	les of Campaign Property (Attach Schedu	le H)		
(Schedule H	applies to Candidates' Committees Or	nly)		
		SUB-TOTAL	\$ <u>14</u>	50.00
SUBTRACT TOTAL I	MONEY SPENT THIS PERIOD			,
Schedule B: Expendit	ures total (Attach Schedule B) (**also see	debts and loans below)		57.72
Schedule F: Loan Re	payments total (Attach Schedule F)			
CASH ON HAND at the end of t	this reporting period (if final report balance	must be zero)	\$ <u></u>	92.28
*UNPAID BILLS (From Schedu	ule D - Attach Schedule D)			600.03
	rom Schedule E - Attach Schedule E)			_
	m Schedule F - Attach Schedule F)			
CONSULTANT BREAKDOWN			YES	✓ _{NO}
ANDIDATE COMMITTEES OF	· · · · · · · · · · · · · · · · · · ·		123	NO
	ERTY (From Schedule H - Attach Schedul	e H)	¢	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions,	See	Back	of	Form
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(Including candidate's personal funds)

CONTRIBUTIONS -- MONEY TAKENAMHICS AND

Reset Form

SCHEDULE MO

MONETARY RECEIPTS

(Rev. 07/03) RECEIPTS

CHECK THIS BOX IF

AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) HAMBERG ELECTION COMMITTEE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
05/05/08	ID# CK#	DEMOCRATIC CENTRAL COMMITTEE		\$200.00	
05/08/08	ID# CK#	BOB AND BARB HAMBERG	PARENTS	\$100.00	
05/16/08	ID# CK#	CECIL HAMBERG		\$500.00	
05/27/08	ID# CK#	BOB COX		\$ 50.00	
05/27/08	ID# CK#	JOE HAMLETT		\$100.00	
	ID#				
	ID# CK#				
	ID#				
-	ID#				
	CK#				L
<u> </u>	CK#		SUB-TOTAL		
			202 101/2	\$ 950.00	•

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ____ of ____ 1 ____ of ____

950.00

TOTAL (if last page of this schedule)

For Instructions, See Back of Form CONTRIBUTIONS — MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) SCHEDULE A (Rev. 07/03) MONETARY RECEIPTS CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
6-20-08	ID# 18354 CK#	Jacoblyn Luckseye	Sules	\$ 500.00	
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	CK#				!
			SUB-TOTAL		

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship enter "not applicable" in the relationship column

Page / of / of / (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTE	E NAME (Must be :	same as on Statement of Organization)		
	Hambers	Eslection Canon	,	
DATE EXPENDED (MM/DD/YR)	CANDIDATE // ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6-9-08	ID# 18354 CK# 1001	Von Gover Co Registico Leonorque le 5285	agreetisery	\$ 130 95
6-9-08	ID# 18354 CK# 1002	1 1/	-	418.77
7-1-08	ID# /835-4 CK# /003	Gete Card Such signs Sorreguete da 52620 Leader Relaca	Campaign Material Advertosen	108.00
	CK#			
	ID# CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$ 657.72

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	 of	

COMMITTEE	NAME (Must be same as on Statement of Organization)	. J.		INCURRED
DEBTS/OBI	previously reported that remain unpaid must be included on this ule, as well as any new obligations incurred in this period. LIGATIONS REMAINING THIS REPORTING PERION ICLUDE LOANS SHOW LOANS ON SCHEDULE	DD EN	An "incurred goods or se	d debt" is a debt for
DATE INCURRED	NAME AND ADDRESS OF PERSON	DESCRIPTION OF GOODS SERVICES PROVIDED O	end of the r regardless of has been re	ALANCE OWED AT
(MM/DD/YR)	TO WHOM DEBT OR OBLIGATION IS OWED	PURCHASED	\$	CLOSE OF REPORTING PERIOD*
4:23-08	Citi Bank / Cupilal prosection	Campaign Meter	e vist	400 03
		10		
		CIID	TOTAL \$	
	TOTAL DEBTS OWED BY COMMITTEE AT TI			

*If actual figure is unknown, show "estimated" beside the figure.

of / of / (for Schedule D)

400.03

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or